

WHITE PLAIN. ... U.S. ... THIS IS A PERMANENT RECORD. ... N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 190  
Registered No. 580

1. PLACE OF BIRTH

County Pima State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Pima No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Cammy Odave { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? Yes 6. Date of birth Oct 24 1930  
Month Day Year

8. FATHER Full name Bernardine Odave 14. MOTHER Full name Maria Louisa Luna

9. Residence (Usual place of abode) Pima Co 15. Residence (Usual place of abode) Pima Co  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 16. Color or race Mexican  
11. Age at last birthday 30 (Years) 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Salpico Mexico 18. Birthplace (city or state) Mexico  
(State or country) (State or country)

13. Occupation Mixer 19. Occupation Housewife  
Nature of Industry Nature of Industry

20. Number of children of this mother. \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn)

Signature Mrs. L. Brown  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year

Registrar. \_\_\_\_\_ Filed Oct 30 19 30 Registrar, \_\_\_\_\_

345-1024-431